UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR 1.53(b)

ATTORNEY DOCKET 85504D-W Customer No. 01333

To: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

COLORABLE MICROSPHERES FOR DNA AND PROTEIN MICROARRAY

First Named Inventor (or Application Identifier):

Express Mail Label No.

EV156652323US



Tiecheng A. Qiao, et al						
Enclosed are:						
1. X Specification	6. X Assignment of the invention to					
	Eastman Kodak Company					
2. 1 Sheet(s) of drawing(s)	7. Certified copy of a priority					
3. Information Disclosure Statement Under 37 CFR 1.97.	8. Associate Power of Attorney					
 4. Combined Declaration for Patent Application and Power of Attorney: 4a. X New 						
4b. Copy from a prior application (37 CFR 1.63(d) (for continuation/divisional with Box 11 completed)						
5. <u>Incorporation by Reference (useable if Box 4b is</u>	9. <u>Deletion of Inventor(s)</u> .					
checked) The entire disclosure of the prior application, from Signed statement attached deleting inventor(s) named						
which a copy of the oath or declaration is supplied under Box 4b, in the prior application, see 37 CFR 1.63(d)(2) and						
is considered as being part of the disclosure of the accompanying 1.33(b).						
application and is hereby incorporated by reference therein.						
10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1,						
after the title, by inserting the following:						
CROSS REFERENCE TO RELATED APPLICATION						
Reference is made to and priority claimed from U.S. Provisional Application Serial No.,						
filed, entitled.						
If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:						
11. Continuation Divisional Continuation-in-part (CIP) of prior application No:						
12. X Please address all written communications to Paul A. Leipold, Patent Legal Staff,						
Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201.						
Please Direct all telephone calls to Doreen M. Wells at (585) 588-2405.						
The filing fee has been calculated as shown below:						
FOR: NO FILED NO EXTRA	RATE FFF					

TOK.	110	·IILLD	I NO. LATICA I	KAIL	ILL
BASIC FEE					\$ 750
TOTAL CLAIMS	19	- 20 =	0	x 18 =	\$ 0
INDEPENDENT CLAIMS	3	- 3 =	0	x 84 =	\$ 0
MULTIPLE DEPENDENT CLAIM PRESENTED			+ 280	\$0	
				TOTAL	\$ 750
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Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of \$ 750.

A duplicate copy of this sheet is enclosed

X The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. <u>05-0225</u>. A duplicate copy of this sheet is enclosed.

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Attorney for Applicants Registration No. 34,278